

Case Number:	CM14-0192839		
Date Assigned:	11/26/2014	Date of Injury:	06/27/2003
Decision Date:	01/13/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year-old male, who sustained an injury on June 27, 2003. The mechanism of injury is not noted. Diagnostics included Lumbar spine MRI dated 9/29/14 reported as showing post-fusion hardware. Treatments have included: lumbar fusion, right hip surgery, SCS trial, physical therapy, medications, acupuncture. The current diagnoses are: chronic pain, lumbar radiculopathy, s/p lumbar fusion, sp right hip surgery. The stated purpose of the request for 1 Prescription of Neurontin was not noted. The request for 1 Prescription of Neurontin was approved on November 11, 2014, citing a 60% improvement in pain. The stated purpose of the request for 1 Prescription of Tramadol HCL 50mg #90 was not noted. The request for 1 Prescription of Tramadol HCL 50mg #90 was denied on November 11, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Lidoderm HCL 2% jelly was not noted. The request for Lidoderm HCL 2% jelly was denied on October 9, 2014, citing that only Lidoderm patch is guideline supported. The stated purpose of the request for 1 prescription of Tylenol No3 #60 was not noted. The request for 1 Prescription of Tylenol No3 #60 was denied on November 11, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for 4 Sessions of Acupuncture was not noted. The request for 4 Sessions of Acupuncture was denied on November 11, 2014, citing a lack of documentation of functional improvement. Per the report dated November 18, 2014, the treating physician noted complaints of chronic low back pain with radiation to both lower extremities along with spasms and insomnia. Exam findings included lumbar tenderness and spasm, with decreased muscle strength to the L4-S1 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Prescription of Neurontin: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

Decision rationale: Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage" The injured worker has chronic low back pain with radiation to both lower extremities along with spasms and insomnia. The treating physician has documented lumbar tenderness and spasm, with decreased muscle strength to the L4-S1 dermatomes. The request for 1 Prescription of Neurontin was approved on November 11, 2014, citing a 60% improvement in pain. The criteria noted above having been met, 1 Prescription of Neurontin is medically necessary.

1 Prescription of Tramadol HCL 50mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain and Tramadol Page(s): 78-80; 80-82; 113.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic low back pain with radiation to both lower extremities along with spasms and insomnia. The treating physician has documented lumbar tenderness and spasm, with decreased muscle strength to the L4-S1 dermatomes. This medication has been prescribed since at least March 2013. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance, on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, 1 Prescription of Tramadol HCL 50mg #90 is not medically necessary.

Lidoderm HCL 2% jelly: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has chronic low back pain with radiation to both lower extremities along with spasms and insomnia. The treating physician has documented lumbar tenderness and spasm, with decreased muscle strength to the L4-S1 dermatomes. The treating physician has not documented the medical necessity for Lidoderm jelly versus the guideline recommended Lidoderm patches. The criteria noted above not having been met, Lidoderm HCL 2% jelly is not medically necessary.

1 Prescription of Tylenol No3 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain Page(s): 78-80; 80-82.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic low back pain with radiation to both lower extremities along with spasms and insomnia. The treating physician has documented lumbar tenderness and spasm, with decreased muscle strength to the L4-S1 dermatomes. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, 1 prescription of Tylenol No3 #60 is not medically necessary.

4 Sessions of Acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has chronic low back pain with radiation to both lower extremities along with spasms and insomnia. The treating physician has documented lumbar tenderness and spasm, with decreased muscle

strength to the L4-S1 dermatomes. The treating physician has not documented sufficient objective evidence of derived functional improvement from previous acupuncture sessions. The criteria noted above not having been met, 4 Sessions of Acupuncture is not medically necessary.